



☐ CIRCUIT COURT ☒ DISTRICT COURT OF MARYLAND FOR Frederick County (DC) ☒

Located at 100 W. Patrick Street Frederick, MD 21701-5548
Court Address

Telephone 301-600-2000
City/County

Case No. D-711-FM-23-822159

NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing so risks further harm, further abuse, or reveals the confidential address of a shelter. If this the case check here ☐.
If you need additional paper, ask the clerk.

Fill in the following, checking the appropriate boxes.

Monique R. Sparks
Petitioner
1150 Holden St Rd.
Address
Frederick MD 21701
City, State, Zip
301-857-8129 N/A
Home Telephone No. Work Telephone No.

vs. William J. Scarborough
Respondent
6317 Posey St.
Address
Frederick MD 21703
City, State, Zip
304-676-9477 240-818-4737
Home Telephone No. Work Telephone No.

☐ Petition filed electronically under FL § 4-505.1

PETITION FOR PROTECTION FROM

☒ DOMESTIC VIOLENCE ☐ CHILD ABUSE ☐ VULNERABLE ADULT ABUSE
(Family Law § 4-504)

1. I am ☒ the current or former spouse of the respondent; ☐ a cohabitant of the respondent; ☒ a person related to the respondent by blood, marriage, or adoption; ☐ a parent, stepparent, child, or stepchild of the respondent or the person eligible for relief who resides or resided with the respondent or person eligible for relief for at least 90 days within one (1) year before the filing of the petition; ☐ a vulnerable adult; ☐ an individual who has a child in common with the respondent; ☐ an individual who has had a sexual relationship with the respondent within one (1) year before the filing of the petition; or ☐ an individual who alleges that within six (6) months before the filing of the petition the respondent committed rape or a sexual offense or attempted rape or sexual offense against the individual.

2. I want relief for ☒ myself ☐ minor child ☐ vulnerable adult, from abuse by William Scarborough
Name of alleged abuser

The respondent, whose present whereabouts (if known) are Puerto Rico until 29 Aug 23, then Posey St., committed the following acts of abuse against Monique Sparks

on or about, May 6 2023 & 18 Aug 23 (check all that apply) ☐ kicking ☐ punching ☐ choking/strangling
Date
☐ slapping ☐ shooting ☐ rape or other sexual offense (or attempt) ☒ hitting with object ☐ stabbing ☒ shoving
☒ threats of violence ☐ mental injury of a child ☐ detaining against will ☐ stalking ☐ biting ☐ revenge porn
☒ other Verbal Abuse

The details of what happened are: Hit me with a door on 18 Aug 23, threatened to shoot himself & the cops if I called them on 6 May 23, when he was enraged & drunk, punching holes in walls & breaking furniture in our home.
(Give specific details of what happened, when and where it happened, and any injuries sustained)

3. (If the victim is a child or vulnerable adult, fill in the following): I am asking for protection for a ☐ child

☐ vulnerable adult whose name is _____

At this time the victim can be found at _____

I am ☐ State's Attorney ☐ DSS ☐ a relative ☒ an adult living in the home.

4. The person(s) I want protected are (include yourself if you are a victim):

Name(s)	Birthdate	Relationship to Respondent
<u>Monique Sparks</u>	<u>9-22-93</u>	<u>Wife / Spouse</u>
<u>Rodney Sparks</u>	<u>7-6-58</u>	<u>Father-in-law</u>

RECEIVED

AUG 25 2023

DIST. COURT OF MD 11-01

Case No. _____
Monique B. Sparks vs. William J. Scarborough
Petitioner Respondent

5. The person(s) I want protected now lives, or has lived, with the respondent for the following period of time during the past year: November 2022 to present

There ☐ are ☒ are not additional persons living in the home.

6. I know of the following court cases involving me, or the person I want protected, and the respondent. (examples include: paternity, child support, divorce, custody, domestic violence, juvenile cases, criminal cases).

Court	Kind of Case	Year Filed	Result or Status (if you know)
<u>Martinsburg, WV</u>	<u>Assault</u>	<u>2022</u>	<u>Expungement in progress</u>

7. I have received a Final Protective Order against the same respondent that expired within one (1) year of the abuse alleged in this petition; and which was issued for a period of at least six (6) months.

☐ Date issued

☐ Date expired

☐ Location where issued

City/County/State

8. Describe all past injuries the respondent has caused the victim, and give date, if known Verbal abuse (on going), May 6 2023 = Punched holes in walls (3), threatened to kill himself & the police if I called 911, shut me in a door, & his mom & neighbor witnessed it. May 8, 2023 = Spit in my face 18 Aug 23 = Hit me with a door

9. The respondent owns or has access to the following firearms: Home defense shot gun

10. I want the court to order the respondent: (NOTE: Petitioner need not give an address if doing so risks further abuse)

☒ NOT to abuse or threaten to abuse Monique Sparks, Rodney Sparks
Name(s)

☒ NOT to contact, attempt to contact, or harass Monique Sparks, Rodney Sparks, Jamila Zaidi, & Hers Stiller
Name(s)

☒ NOT to go to the residence(s) at 1150 Holden Rd. Frederick, MD 21701
Address

☐ NOT to go to the school(s) at

Name of school and address

☐ NOT to go to the child care provider(s)

Name of child care provider and address

☐ NOT to go to the work place(s) at

Name(s)

Case No. _____
Monique B. Sparks vs. William J. Scarborough
Petitioner Respondent

☒ to leave the home at 6317 Posey St. Frederick, MD 21703
Address

and give possession of the home to Monique B. Sparks

The name(s) on the deed or lease are: William J. Scarborough

☒ to turn over firearm(s) to a law enforcement agency.

☒ to go to counseling for ☒ domestic violence ☒ drug/alcohol ☐ other

☒ to pay money as Emergency Family Maintenance (may be taken from respondent's paycheck).

11. I also want the court to order:

☐ custody of _____
Name(s) of child(ren)

be granted to _____
Name

☐ use and possession of the following jointly-owned vehicle be awarded to _____
Name

Description of vehicle

☐ temporary possession of the pet(s) _____
Name and description

be awarded to _____
Name

☒ in the final order, the following additional relief necessary to protect Monique Sparks
Person eligible for relief

from abuse: _____

12. (Fill in only if you are seeking Emergency Family Maintenance.) The respondent has the following financial resources:

Income from employment in the amount of \$ \$600 every ☐ week ☒ 2 weeks ☐ month

☒ other or rent?

Source of employment income Capital One Business Banking
Name and address of source and amount(s) received

Income from other source _____
Name and address of source and amount(s) received

The respondent also owns the following property of value: Automobile(s) \$ 60k Estimated value

Home \$ 474,200 Estimated value \$498,000 Bank Account(s) \$ 150,000 Estimated value

Other: Annual Income of ~\$250k. I quit my job, per his direction

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

25 Aug 23
Date

Monique Sparks
Petitioner

☐ I have filled in the Addendum (Description of Respondent), CC-DC-DV-001A

NOTE

If you believe that you have been a victim of abuse and that there is a danger of serious and immediate injury to you, you may request the assistance of a police officer or local law enforcement agency.

The law enforcement officer must protect you from harm when responding to your request for assistance and may, if you ask, accompany you to the family home so that you may remove clothing and medicine, medical devices, and other personal effects required for you and your children, regardless of who paid for them.

You are entitled to request that the address and telephone number of a victim, a complainant, or a witness be considered for shielding at the filing of this application.

NOTICE TO CUSTODIAN: A person who places in a judicial record identifying information relating to a witness shall give the custodian written or electronic notice that such information is included in the record, where in the record that information is contained, and whether that information is not subject to remote access under this Rule, Rule 1-322.1, Rule 20-201, or other applicable law. Except as federal law may otherwise provide, in the absence of such notice a custodian is not liable for allowing remote access to the information.



☐ CIRCUIT COURT ☒ DISTRICT COURT OF MARYLAND FOR Frederick County
City/County

Located at 100 West Patrick Street Frederick, MD 21701 Case No. _____
Court Address

Monique Sparks
Name of Petitioner on Original Court Order
1150 Holden Rd.
Street Address, Apt. No.
Frederick, MD 21701
City, State, Zip
301-857-8129
Home Telephone No. Work Telephone No.

vs.

William Scarborough
Name of Respondent on Original Court Order
6317 Posey St.
Street Address, Apt. No.
Frederick, MD 21703
City, State, Zip
304-676-9477 240-818-4737
Home Telephone No. Work Telephone No.

ADDENDUM TO PETITION FOR PROTECTIVE ORDER (DESCRIPTION OF RESPONDENT)

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.

DESCRIPTION OF RESPONDENT (Alleged Abuser)

Full Name: <u>William Joseph Scarborough</u>				Date of Birth: <u>12/31/88</u>		Approximate Age: <u>34</u>	
Race: <u>White</u>	Sex: <u>M</u>	Height: <u>63</u>	Weight: <u>205</u>	Hair Color: <u>Brown</u>	Eye Color: <u>Blue</u>	Skin Tone (Light/Medium/Dark): <u>Light</u>	
Scars, Tattoos (where on body and description): <u>1 Full tattoo sleeve left arm, Captain America tattoo right arm</u>							
Home Address: <u>6317 Posey St.</u>							
City, State, Zip: <u>Frederick, MD 21703</u>							
Telephone/Cell Number: <u>304-676-9477</u>							
Employer: <u>Capital One</u>						Work Hours: <u> </u>	
Work Address: <u>6317 Posey St.</u>							
City, State, Zip: <u>Frederick, MD 21703</u>						Telephone Number: <u> </u>	
Vehicle Make: <u>Mercedes</u>	Model/Color: <u>GLE Black</u>	Year: <u>2017?</u>	Tag #: <u>MD 1CM2162</u>	State: <u>MD</u>			
Weapons: <u>Shot Gun</u>							
Other locations or information about respondent: <u>Currently in Puerto Rico</u>							
<u>until 29 Aug 23, should return to 6317 Posey St</u>							
<u>Morning of 30 Aug 23</u>							

PETITIONER

(Person Requesting Assistance)

Full Name: <u>Monique Ruedina Sparks</u>				Date of Birth: <u>9-22-93</u>		Age: <u>29</u>	
Race: <u>Asian</u>	Sex: <u>F</u>	Height: <u>53</u>	Weight: <u>130</u>				

INFORMATION ABOUT OTHER PERSONS PETITIONER WANTS PROTECTED

Full Name: <u>Patricia Sparks</u>	Race: <u>White</u>	Sex: <u>M</u>	Date of Birth: <u>7-4-58</u>	Weight: <u>160 lb</u>	Approx. Age: <u>65</u>
Full Name: <u>Junika Zaidi</u>	Race: <u>middle eastern</u>	Sex: <u>F</u>	Date of Birth: <u>6-14-84?</u>	Weight: <u>130</u>	Approx. Age: <u>38</u>
Full Name: <u> </u>	Race: <u> </u>	Sex: <u> </u>	Date of Birth: <u> </u>	Weight: <u> </u>	Approx. Age: <u> </u>
Full Name: <u> </u>	Race: <u> </u>	Sex: <u> </u>	Date of Birth: <u> </u>	Weight: <u> </u>	Approx. Age: <u> </u>

Petitioner's Signature: Monique Sparks Date: 25 Aug 23
Petitioner's Telephone Number: 301-857-8129



DISTRICT COURT OF MARYLAND FOR FREDERICK COUNTY

100 WEST PATRICK ST, FREDERICK, MD 21701
301-600-2924



Case No. D-111-FM-23-822159

SPARKS, MONIQUE R vs SCARBOROUGH, WILLIAM J
1150 HOLDEN RD 6317 POSEY ST
FREDERICK, MD 21701 FREDERICK, MD 21703
301-857-8129(H) 304-676-9477(H) 240-818-4737(W)

ADDENDUM TO PETITION FOR PROTECTIVE ORDER (DESCRIPTION OF RESPONDENT)

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.

DESCRIPTION OF RESPONDENT (Alleged Abuser)

Full Name: SCARBOROUGH, WILLIAM J					Date of Birth: 12/31/1988		Approximate Age:
Race: 2	Sex: M	Height: 6' 3"	Weight: 205	Hair Color: BRN	Eye Color: BLU	Skin Tone (Light/ Medium/ Dark):	
Scars, Tattoos (where on body and description):							
Home Address 6317 POSEY ST							
City, State, Zip FREDERICK, MD 21703							
Telephone/Cell Number: 304-676-9477							
Employer: CAPITAL ONE						Work Hours:	
Work Address 6317 POSEY ST							
City, State, Zip FREDERICK, MD 21703						Telephone Number: 240-818-4737	
Vehicle Make: MERCEDES BENZ		Model/ Color: GLE/BLA		Year: 2017	Tag#: 1CM2162	State: MD	
Weapons: SHOT GUN							
Other locations or information about respondent: CURRENTLY IN PUERTO RICO UNTIL 8-29-23 SHOULD RETURN 8-30-23							

PETITIONER (Person Requesting Assistance)

Full Name: SPARKS, MONIQUE R				Date of Birth: 09/22/1993		Approximate Age:
Race: 3	Sex: F	Height: 5' 3"	Weight: 130			

Petitioner's Signature Date: 08/25/2023
Petitioner's Telephone Number: 301-857-8129 (h)